



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

**CRIMINAL INFORMATION SUMMARY**☐ ADDITIONAL PAGES

<b>TROOP / UNIT:</b> G		<b>OTHER INVOLVED AGENCY:</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
<b>DATE:</b> 2-8-06	<b>TIME:</b> 1636	<b>INVESTIGATING TROOPER / OFFICER:</b> MULLAI #1225	<b>DPS CASE NUMBER:</b> DPS-06-006634 / DPS-05-038199
<b>LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):</b> ROUTE 7 NORTH BETWEEN EXIT 2&3 ON 8.5.05 1047 HOURS			
<b>SUMMARY OF INCIDENT OR AFFIDAVIT:</b> <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION THE ACCUSED WAS THE OPERATOR OF A VEHICLE BELONGING TO REGENCY LIMOUSINE THAT STRUCK A DOT EMPLOYEE PERFORMING HIGHWAY MAINTENANCE IN THE CLOSED LEFT LANE. THE DOT EMPLOYEE DIED AT THE SCENE DUE TO BLUNT FORCE TRAUMA. ALL THE EVIDENCE WAS SUBMITTED TO GA#20 AND A JUDGE SIGNED THE ARREST WARRANT FOR THE ACCUSED. THE ACCUSED TURNED HIMSELF IN ON 2-8-06.			
<b>VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME / BUSINESS / AGENCY:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F MUGFORD, ROBERT P. SR DECEASED	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b> 595 WOODEN RD STRATFORD, CT 06615		<b>JUVENILE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>AGE:</b>
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b>
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b>
<b>ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME:</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F OLIVER L. LEE	<b>DOB:</b> 12-21-46	<b>ADDRESS:</b> 22 NELSON TERRACE BRIDGEPORT, CT 06610	
<b>CHARGES:</b> 1. MISCONDUCT WITH A MOTOR VEHICLE 2. 53a-57 3. FAILURE TO DRIVE IN THE ESTABLISHED TOWN: NORWALK 4. LANE IN A CONSTRUCTION ZONE 14-289(14-211A)	<b>COURT:</b> GA: 20 DATE: 2-22-06	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input checked="" type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F OPERATOR NOT WEARING SEATBELT 14-100C	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: TOWN: DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: TOWN: DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: TOWN: DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>SUPERVISOR'S APPROVAL REQUIRED: INITIALS:</b> <i>AG</i> <b>ID #:</b> 77 <b>DATE:</b> 2-8-06			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> . FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			